S. No. 1

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state a DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. PERMANENT UNFADING INK-THIS WITH item of information should be WRITE CAUSE OF Important. S

1 PLACE OF DEATH

15492

STATE OF MARYLAND CERTIFICATE OF DEATH

1100.011 011.01 D 1011 1101	Regi	stration	Dist.	No	4
-----------------------------	------	----------	-------	----	---

Vit	lage or City me Conclus (No.	St.; Ward) [If death occurred is a hospital or institution,
	FULL NAME Jussels Janel	Bashaff of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	ex Color or race 5 single, Married, Whoweo, Orbivorced (Write the word)	18 DATE OF DEATH September 1915 (Month) (Lay (Year)  17 I HEREBY CERTIFY, That I attended deceased from
	(Month) (Day (Year)	Left 1915, to Left 28, 1915, that I last saw h 12 alive on 4 1/2 28, 1915
7 A	GE If LESS than 1 day,	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
X(a	CCUPATION ) Trade, profession, or ricular kind of work.	Jahrelanden of Heat
bus whi	General nature of Industry, iness, or establishment in ch employed (or employer)  Thurstone	(Duration) 30 yrs mos. es.
	(State or country) Batto. Country	Secondary (Duration) yrs mos us.
PARENTS	11 BIRTHPLACE OF FATHER (State or country)  10	(Signed)  (Address)  State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
PAE	12 MAIDEN NAME amelia Belf	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
14 -	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place in the to of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted.
	(Informant) John E. Bardroff	If not at place of death?  Former or  usual residence.
15	(Address) Mc Conclude Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL SELF 30, 1915
Fil	ed defet 30, 191 3 Hawryn Jag	20 UNDERTAKER OF ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," "Foreman," ented thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," ctc., without more precise specithe nature of the business or industry, and therefore an been changed or given up on account of the DISEASE Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional live is provided for the latter statement; essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (0)

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

nant ueoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "I'UERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakuess," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canwhich surgical operation was undertaken. "Collapse," "Coma," "Couvulsions," "Debility" ("Conis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head Mcasics (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For vio-



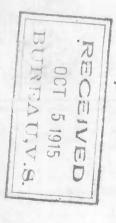
County Lacile	10490		STATE OF MARYLAND CERTIFICATE OF DEATH	
Village or City Roufe	et (No.	Torces	Registration Dist. No.  St.; Ward)  [If death eccurre a hospital or institute give its NAME institute of street and number to street an	
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH  16 DATE OF DEATH  (Month) (Day) (Y	
Female Colored Single, MARRIED, WIDDWED OR DIVORCED (Write the word)				
6 DATE OF BIRTH  Reps (Mont	( 2 3 h) (Day)	, 1913 (Year)	that I last saw here alive on Seft 16, 19	
7 AGE  9 OCCUPATION	nosds.	If LESS than 1 day, hrs. OR 30 min.?	and that death occurred on the date stated above, at 63 The CAUSE OF DEATH * was as follows:	
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	lans.		Contributory Secondary	
10 NAME OF FATHER DULL	2. Brown	Ter	(Signed) Paugus Care	
U BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER		*State the DISPASE CAUSING DEATH, OF, in deaths from VIOLEN CAUSES, state (1) Means of Injury; and (2) whether Accidental Suicidal or Homicidal.		
13 BIRTHPLACE OF MOTHER (State or country)	Larylan	o Jones	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSI OR RECENT RESIDENTS) At place In the af death yrs. mes. de. State, yrs. mes.	
(Informant) Curly	a Jone	EDGE	Where was disease contracted,  If not at place of death?  Former or  usual residence.	
(Address) Ross	10.1	,5	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
16 Filed 7/1/2 (191 %	Allyhi	REGISTRAR	20 UNDERTAKER PROPERTY ADDRESS	

[Approved by U. S. Consus and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the disease causing death, engaged in doinestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers only when needed. As examples: (a) Spinner, (b) Cotton write None. Housemaid, etc. precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Grocery; (a) Foreman, cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," tobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

Struck on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, telanus) may be stated surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial to determine definitely. Examples: Accidental drowning; "PUERPERAL peritonitis," etc. birth or miscarriage Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping by railway train-accident; Revolver wound Always qualify all diseases resulting from child-The contributory (secondary or intercuras "PUERPERAL septichaemia," State cause for which Never report mere



RECORD

PERMANENT

INK-THIS

UNFADING

WRITE PLAINLY, WITH

Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

ij
No.
202
>

N. B.—Every Item CAUSE OF

PLACE OF DEATH  County Charles 15494	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or Gity (Proneicles (No.	Ragistration Dist. No. 102  [It death occurred in a hospital or institution,
FULL NAME Samuel &	give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIGOWED, WIGOWED, WIGOWED, WIRDERON (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)  17  (HEREBY CERTIFY. That I attended deceased from
Month (Day (Year)	1915 25 1915, to Sep 26, 1915 that I last saw h malive on Sep 26 1915
TAGE  It LESS than 1 day,hrs. OR. min.?	and that death occurred on the date stated above, at 12 m  The CAUSE OF DEATH* was as follows:  Re. Useunding Parelipies
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  **BIRTHPLACE** (State or country)	(Duration) yrs mos ds  Contributory Secondary
10 NAME OF FATHER SAME COMMO!  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER WANTED FATHER  OF MOTHER MANAGE FATHER	(Signed)
	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (informant)	Af place in the ot death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, if not af place of death?  Former or usual residence.
(Address) Invisides Inde)  15 Filed Sept 29, 1915 Nor Bellow Brown Sept 200	199 LACE OF BURIAL OR BEMOVAL DATE OF BURIAL  MA More Church Sup 1301815  20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Frankiln St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necit should be used only when needed. As examples: who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; essary to know (a) the kind of work and also (b) been changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first live will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of ago. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronio cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medleal Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For Vio-



RECORD	t or occupation is v
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	Important. See Instructions on back of certificate.

	1 PLACE OF DEATH 15495	STATE OF MA	RYLAND
Co	ounty Clurches	CERTIFICATE O	F DEATH
		Registration Di	st. No. 154
Vil	llage or City description (No	St.; Ward	(It death occurred in a hospital or institution,
			give its NAME instead
	FULL NAME GAMES M. DI	mley	ot street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE C	F DEATH
35	4 COLOR OR RACE SINGLE, WARRIED, Single	16 DATE OF DEATH	- 27 , 1915
P	ORDIVERCED (Write the word)	(Mónth)  1 HEREBY CERTIFY, That	(Day (Year)
6 D	ATE OF BIRTH		
	3-26 19/5	, 191, to	
-	(Month) (Day (Year)	that I last saw halive on	
, A	GE If LESS than	and that death occurred on the date state	d above, at 9 11 m
		The CAUSE OF DEATH* was as follows:	
	CCUPATION	- January - January	ammangha fa man tala ta
Op.	1) Trade, protession, or articular kind of work	mun s	flex man
	) General nature of Industry,	4	/
	siness, or establishment in nich employed (or employer)	(Duration)	yrsmosde
98	IRTHPLACE (State or country)	Gontributory Secondary	******************************
	(State or country) Thus, Co, Mid,		yrs mos de
	10 NAME OF PATHER	1 P	At 'da
of FATHER (State or country) Chur. Ev. Mil		(Signed)	M. O
		191 5- (Address)	
		*State the DISEASE CAUSING DEATH, of CAUSES, state (1) MEANS OF INJURY; a TAL, SUICIDAL, OF HOMICIDAL.	nd (2) whether Acciden
PA	12 MAIDEN NAME OF MOTHER MOTHER	TAL, SUICIDAL, OF HOMICIDAL.	
	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR MOSPITALS OR RECENT RESIDENTS)	, Institutions, Transients
	OF MOTHER (State or country) Char, Co, had	At place In the ot death yrs mos ds. State	yrs mosdi
14 -	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,	
	(Informant) Irrich & Donley	If not at place of death?	***************************************
	(IIIIII (IRAIII)	usual residence	1 0 0 0 0 0 0 0 0 1 NG 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	(Address) SSULY	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15	0.1.0		, 19†
Fi	led Dift. 28, 191 5 J. L. Highman	20 UNDERTAKER	ADDRESS
	REGISTRAR	M	
	If more blanks are needed, address State Regis	strar, 6 E. Franklin St., Balto., Requesting V. S	S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. "Mauager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the pisease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is ucc-Civil engineer, Stationary fremun, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question It should be used only when needed. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indl-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons rcturn "Laborer," If the occupation has As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS State MEANS OF INJURY and qualify as ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal soptichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-"Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of



BINDING ARGIN

WRITE

02

state Very SICIANS should PHYSICIANS RECORD statement PERMANENT Exact ciassifle pinous properiy ACE supplied. pe may certificate. that 80 50 back terms, 6 plain Instructions 5 EATH 0 Item OF Every Item CAUSE OF Important.

I PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Ragistration Dist. No. It death occurred to ...Ward) a hospital or institution, give its NAME instead ot street and number. l PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED. marrid 1911 WIDOWED, (Month) (Write the word) (Year) I HEREBY CERTIFY, That I attended deceased from 17 DATE OF BIRTH (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at ... 1 day, .....hrs. The CAUSE OF DEATH\* OR ..... min. ? OCCUPATION (a) Trade, protession, or particular kind of work arake (b) General nature of Industry. grap business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE ., 191 5 ... (Address) OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) in the ot death yrs. \_\_ mos. \_\_ State \_ Where was disease contracted. 14 THE ABOVE IS TRUE TO KNOWLEDGE If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Weal REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. eated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," the nature of the business or industry, and therefore an CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is necbeen changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-(4)

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to tilme and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, maninges, peritonacum, etc., Carcin-

injury, as fracture of skuli, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Tuerperal peritonitis," etc. childbirth or misearriage as "Tuerperal septichacoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accietc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Scnile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: which surgical operation was undertaken. cause. Always qualify all diseases resulting from "Ileart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conaffection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head of (Recommendations on statement of State cause for



### No.

02

Every Ite

0

ż

state Very PHYSICIANS should of OCCUPATION IS RECORD statement PERMANENT EXACTLY. Exact stated classified. 4 pe pinous UNFADING INK-THIS properly ACE supplied. may be certificate. carefully that it 80 Jo PLAINLY, WITH pe See instructions on back plain terms. should of Information DEATH IN Item OF Important.

3 SEX

TAGE

PARENT

15

DATE OF BIRTH

8 OCCUPATION (a) Trade, profession, or

particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

13 BIRTHPLACE OF MOTHER (State or country)

OF FATHER (State or country 12 MAIDEN NAME OF MOTHER

(Address).....

1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

....Ward)

[If death occurred in a hospital or Institution, give its NAME Instead of street and number.]

ADDRESS

5 SINGLE, MARRIED,

WIDOWED, (Write the word)

(Day

1 8

PERSONAL AND STATISTICAL PARTICULARS

(Month)

4 COLOR OR RACE

16 DATE OF DEATH	6	26-	101 6
40000000000000000000000000000000000000	(Month)	(Day	, 191 (Year)
17 / I HEREBY	CERTIFY, That	I attended de	ceased from
Seft, 231, 19	15 to Sit	1.26	1915
that I last saw h. da., ali			
and that death occurred o	n the date state	d above, at.	1 m
The CAUSE OF DEATH*	was as follows:		
		2 1 .	
·····	wo Col	itis	
		***************************************	
	**************************************		19
4.000 (0.5 mm 0 mm m m 0.000 000 dum ees a c 0 0 000 00 00 00 00 00 00 00 00 00 00	(Duration)	yrs	mosds
Contributory	• •• •• • • • • • • • • • • • • • • • •	* * * d = 7 * * * * * * * * * * * * * * * * * *	
Secondary			
	(Duration)		
(Signed)	J. L. Pt	ndvn	, 1 , M. D
Seft 25, 191 5 (A	ddraee)	Jans!	P.
*State the DISEASE CAUSES, State (1) MEAN TAL, SUICIDAL, OF HOMIC	S OF INJURY;	and (2) wheth	rom Violent
18 LENGTH OF RESIDENCE OR RECENT RESIDENTS)	E FOR HOSPITAL	s, Institutions	TRANSIENTS
At place	in the		
of death yrs mos	ds. State	yrs	mos ds
if not at place of death?	***************************************	b,	
Former or			
usual residence			*****
19 PLACE OF BURIAL OR	REMOVAL -	DATE OF E	URIAL
			191

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR /

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association,]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not "Manager," "Dealer," etc., without more precise speclstatement. Grocery; (a) Foreman, (b) Automobite factory. The cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up ou account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as fication as Day taborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b)Civit engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Never return Farmer (retired 6 yrs.) For persous (b) Cotton mitl; (a) Salcsman, "Laborer," "Foreman," As examples: (4)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to the and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of tungs, meninges, peritonacum, etc., Carcin-

mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; valvutar heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g. such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for ehildbirth or miscarriage as "Puerperal septichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgeultal," "Senile," etc.), "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciby carbotic acid-probably suicide. The nature of the is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED OCT 51915 BUREAU, V.S.

	SORD	SICIANS should state
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
V. S. No. 1.	WRITE PLAINLY, WITH UNF.	N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

/	PLACE OF DEATH 15498  County Charles  Village or City Man La Plata (No. 1)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No.  [If death occurred is a hospital or institution give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH 2,1915 (Month) (Day (Year)
H	Combination (Month) (Day (Year)  (Month) (Day (Year)  (Month) (Day (Year)  (Month) (Day (Year)  (Year)  (Month) (Day (Year)  (Year)  (I LESS than 1 day, hrs. OR min.?  OR min.?	that I last saw h alive on Definition of the last saw h alive on Definition of the last saw h alive on Definition of the last stated above, at Seminary and that death occurred on the date stated above, at Seminary and that death occurred on the date stated above, at Seminary and that death occurred on the date stated above, at Seminary and that death are seminary and last seminary and la
		rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not statement. Never return "Laborer," "Foreman," who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (4)

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*\*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERFERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of by earbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as ctc, when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent)



V. S. No. 1.

10400	STATE OF MARYLAND
County Chambers	CERTIFICATE OF DEATH
Village or City Concluse (No. 2 FULL NAME John Houry	Registration Dist. No.  St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH  Month)  (Day)  (Year)  17  I HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH  (Month) (Day) , 19/4  (Yest)	17 I HEREBY CERTIFY, That I attended deceased from, 191, to, 191, that I last saw h
7 AGE   If LESS than 1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, atm.  The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession, or narticular kind of work (b) General nature of industry	Asaksas 15
business, or establishment in which employed (or employer)	(Ouration) yrs. mos. ds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11/BIRTHPLACE OF FATHER  11/BIRTHPLACE OF FATHER (State or country)  11/BIRTHPLACE OF FATHER (State or country)	Contributory Secondary  (Ourellon)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  15 MAIDEN NAME OF MOTHER (State or country)  16 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) All piece In this of deeth yrs. mos. ds. State, yrs. mos. ds. Where was disease contracted, If not at piace of death? Former or usual residence
(Address) Mgc Conchie  15 Filed Pufl 27, 1913 B CB and REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  Attle Grove Approximation (20 UNDERTAKER ADDRESS  LIS Warren M. Conchi
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

OTTATE OF MANDET AND

15100

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, Housemaid, etc. engaged in domestic service for wages, as Servant, Caok, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton "Foreman," "Manager," "Dealer, of the second statement. mobile factory. is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary freman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physibusiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the applies to each and every person, irrespective of age. Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, very important, so that the relative healthful-For persons who have no occupation whatever, various pursuits can be known. The question The material worked on may form part If the occupation has been changed Women at home, who are engaged in Never return "Laborer," Locomotive engineer, " etc., without more If retired from (b) Auto-

unqualified, is indefinite); Tuberculosis of lungs, meninspinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic ccrebroterm for the same disease. time and causation), causing death (the primary affection with respect to Statement of Cause of Death-Name, first, the DISEASE pneumonia, Bronchopneumonia ("Pneumonia (never report "Typhoid pneumonia"); using always the same accepted Examples: Cerebrospinal

> under the head of "Contributory." and consequences (c. g., sepsis, tetanus) may be stated mus, on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths cause. Always qualify all diseases resulting from childgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Heomorrhage," "Inantion," "Marasto determine definitely. Examples: Accidental drowning; "PUERPERAL paritonitis," etc. birth or miscarriage as etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronchopneumonia rent) affection need not be stated unless important. nephrilis, etc. cough; Chronic vulvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid use of ges, peritonacum. etc., Carcinoma, Sarcoma, etc., of . . . . . "Old Age," "Shock," "Uracmia," "Weakness, (secondary), 10 ds. Never report mere The contributory (secondary or intercur-"Puerperal septichaemia," State cause for which carbolic acid-probably (Recommendations Whooping

the certifica ence. All th tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all quesis essential and must be obtained before



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN

1 PLACE OF DEATH

0,0	PLACE OF DEATH	STATE OF MARYLAND
Ant	County Charles 15500	CERTIFICATE OF DEATH
HYSICIANS statement of	201/	Registration Dist. No. 1031
0. 41	Village or City Waldvif (No. , ,	St.; Ward) [If death eccurred in
ACTLY.	2 FULL NAME Elmina Veturi	a hospital or institution, give its NAME instead of street and number.]
EXAC slfied.	9/4 PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
sated	Jemale white 5 SINGLE, MARRIED, WISOMES OF PHYSICAL Write the word)	16 OATE OF DEATH Sept 30 , 1915 (Month) (Day) (Year)
be	6 DATE OF BIRTH	ong 19 1915 to Sept 3.6 1915
hould be pro	(Month) (Day) (Year)	that I last saw her alive on Sept. 30 , 191 6,
a yo	7 AGE If LESS than 1 day, brs.	and that death occurred on the date stated above, at 5. 40fm.
AG it m back	73 yrs. 6 mos. 5 ds. OR min.?	The CAUSE OF DEATH * was as follows:
that on	(a) Trade, profession, or	Gastrie Catarrle
suppli s, so t	particular kind of work (b) General nature of industry	0
>E al	which emplayed (or emplayer)	(Burellon) yrd noo de.
5 c =	9 BIRTHPLACE (State or country) Charles Co Mil.	Secondary Vetite buylis cline asl
in S. p	10 NAME OF H. D. Mouros	(Signed) Q Q Monwa M. O.
ATH rtan	U STATHER (State or country) Manyland	State the DISPASE CAUSING DEATH, or, in deaths from Violent
ion shour	Total of country	CASES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICUAL.
rmatio SEOF	a 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTA)
e Co	OF MOTHER (State or country) Clarks W. Mcl.	At placa in the of deathyrsmes,ds. State,yremosde,
- NZ	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where wes dieess contrasted, if not at place of death?
y item of	(Informant)	Former or usual residence
COF	(Address) Waldry Wd.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Shoul	15 9-30 mis- 27/10/-iss	20 UNDERTAKER ADDRESS
m i	Filed , 1919	mi R. Colark La Chala
Z	If more blanks are needed, address State Registrar, 1	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer. Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopmcumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonacum, etc., Carcinoma, Sarcoma, etc., of . . . . . . . . (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough: Chronic valvular heart disease: Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (mercly symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure." "He emorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Puerperal septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, Or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sensis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

state very	PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
should Son is	County	Registration Dist, No. 62
ECORD  TYSICIANS Should F OCCUPATION IS	Village or City / and surger (No	St.;—Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PH of	2FULL NAME XXXIIIX CF CF	The half of the control of the half of the control
N	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RMANEN's EXACTLY act stateme	Male Black Single, MARGED, WIDOWED, ORDIVORCED ORDIVORCED (Write the word)	(Month) (Day (Year)
R E	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
PER tated Exac	Supt 17 . O.S.	, 191, to
A See	(Month) (Day (Year)	that I last saw halive on, 191
SI bill	<sup>7</sup> AGE If LESS than	and that death occurred on the date stated above, at the m,
IIS shou	yrsmos ds. OR	The CAUSE OF DEATH* was as follows:
E s erly	6 OCCUPATION	A STATE OF THE STA
K-T AGE	(a) Trade, profession, or particular kind of work	Delp Cold or Brienmana
Z gg A	(b) General nature of indostry,	- of p Broke - foreingsforie 110
0 5	business, or establishment in which employed (or employer)	Just 18 7 2000 (burstion) Cyrest door freem
AE IIV	9 BIRTHPLACE (State or country)	Contributory of Can Gets Secondary
Careful that	10 NAME OF	(Duration) yrs mos ds.
T we	FATHER Samuel Monteomire	(Signed) M. D.
WITI	S) 11 BIRTHPLACE OF FATHER	1913 (Address) Doricas tirmo
shou in ter	OF FATHER (State or country) Charles Co Mol	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden- TAL, SUICIDAL, or HOMICIDAL.
N coll along	a ada oneves	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
E PLAIN Information ATH in pla	13 BIRTHPLACE OF MOTHER (State or country)	At place in the
TE P	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs. mos. ds. State yrs. mos. ds
S Do	Manager al Assessta	If not at place ot death?
- le	(Informant) William (Informant)	Former or usual residence.
Every item CAUSE OF Important.	(Address) Mansenwy mol o	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
AU	16 Opt all all	Ook frove Church Sept 28, 1915
t,	Filed 8491281915 Jan Bollomha	20 UNDERTAKER ADDRESS
z z	REGISTRAR	Thomas coracy Manfenroy mo
	If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Aecidental drowning; Struck by railway train-aecisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopnoumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned The contributory Measles (disease causing death), 29 ds.; may be stated under the head (Recommendations on statement of (secondary or intercurrent) Never report



02

PHYSICIANS should of OCCUPATION IS RECORD statement EXACTLY. classified. properly AG supplied. pe UNFADING may certificate. that 80 0 back terms, 0 EATH in plain e instructions I WRITE Po PO CAUSE OF Important. Every

### STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 13 If death occurred is Ward) a hospital or institutioe, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX S SINGLE. DATE OF DEATH MARRIED. WIDOWED. (Day (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at ... 1 day,....hrs. OR ..... ? mos ..... SOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) BIRTHPLACE Contributory. Secondary (State or country) (Duration) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER In the (State or country) of death \_\_\_\_\_ yrs. \_\_ mos. State \_\_\_ 14 THE ABOVE 18 TRY Where was disease contracted. If not at place of death? Former or usual residenca. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dnties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," The (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) 'Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, pertionaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the nns," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Mcasles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopnoumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state - DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

N. B.— Every ltem of information should be CAUSE OF DEATH in plain terms, s WRITE

Important.

V. S. No. 1.

PLACE OF DEATH

15503

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 203

-Ward)

Ilf death occurred in a hospital or institution, give its NAME instead of street and nomber.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Walk Color or RACE 5 SINGLE, MARRIED, WIDDWED, DRDIVORGED (Write the word)	101 4
	17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	191 to 191
Mos 7, 186.	that I last saw han alive on Sex 23 , 191.5)
7 AGE If LESS th	and that death occurred on the date stated above, at 11-3 0 Cm.
7 6 yrs 4 mos 5 ds 0R min 1	The CAUSE OF DEATH* was as follows:
BOCCUPATION	······································
(a) Trade, profession, or	affection
particular kind of work  (b) General nature of industry.	- I de ducle
business, or establishment in	(Baselles) and the
which employed (or employer)	(Ouration)masas.
9 BIRTHPLACE	ContributorySecondary
(State or country) Charles Co	
10 NAME OF	(Derution) yrs mos ds.
FATHER Celfred Walley.	(Signed) , M. D.
M 11 BIRTHPLACE	hels (912 (Address) Sel Cusus
11 BIRTHPLACE OF FATHER (State or country)  12 Maiden NAME OF MOTHER OF MOTHER	
12 MAIDEN NAME O	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT
	TAL, SUICIDAL, OF HOMICIDAL.
a oarles priville	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	Af place In the
	of dealh yrs, mos, ds. State yrs, mes. ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
Ne a Rong	Former or
(Informant)	usual residence
(Address) The alter	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 0 1 10 1	- 81-7/ mar lel 1 Sut 26 me-
Sexue of blacks	20 UNDERTAKER ADDRESS
Filed Sept 15, 1915 Chordy Plots	ADDRESS ADDRESS
HEGISTRAR	Kenor W. Noby & Bry Bellitton
If more blanks are needed, address State Re	egistrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Scrvant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal methingitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid disease,"); Lobar pneumonia; Bronchopneumonia ("Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia"), meninges, peritonacum, etc., Carcincesis of lunys, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measics; Whooping cough; Chronic thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart discase; Chronic interstitial nephritis scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJUBY and qualify as mia," "l'uerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanltion," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," genltal," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For vio-"Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; (Recommendations on statement of "Exhaustion,"



V. S. No. 1.

tated EXACTLY. PHYSICIANS should atate Exact statement of OCCUPATION is very RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT stated EXACTLY. of information should be carefully supplied. ACE should be st. DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. CAUSE OF Important. S N.B.

(Address)....

15 Flied.

N V	5504	STATE OF MARYLAND CERTIFICATE OF DEATH
County A A	7	Registration Dist. No. 107
Village or City Dentsvil	(No	St.; Ward)   If death occurred to a hospital or institution, size the NAME Included
FULL NAME Inf	and	Reale give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PAR	TIGULARS	MEDICAL CERTIFICATE OF DEATH
Jensel Colored Single MARRI WIDOW OR DIVE	ED	16 DATE OF DEATH Selv. 9, 1915— (Month) (Day (Year)
6 DATE OF BIRTH Sept. 9	, 1915 <sup>-</sup>	17 I HEREBY CERTIFY, That I strended deceased from 191 to 191 to 191 that I last saw here always Sept. 9 1915
7 AGE O yrs O mos. 2	If LESS than 1 day, hrs. OR Omin.?	and that desth occurred on the date stated above, at 3 .m., The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	***************************************	
business, or establishment in which employed (or employer)		(Ouration) yrs. mos. ds.
BIRTHPLACE (State or country) Chas	Co.	Contributory Secondary
10 NAME OF Manshey	neale	(Signed) Trs mos ds.
OF FATHER (State or country)  12 Maintenance (State or country)  12 Maintenance (State or country)	. Cor.	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
of Mother Marie	Thomas	State the DISEASE CAUSING DEATH, of, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Chas	Co.	At place in the of death yrs, mos. ds. State yrs, mos, ds
14 THE ABOVE IS TRUE TO THE BEST OF MY  (Interment) Marie Rea	KNOWLEDGE	Where was disease contracted, If not at place of death?  Former or usual residence.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting

19 PLACE OF BURIAL OR REMOVAL

Set 9

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional live is provided for the latter statement; essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, pcritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for mus," "Old Agc," "Shock," "Uraemla," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Mcasics; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) lnjury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debllity" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all discases resulting from Measles (disease causing Edeath), 29 ds.; "Senlle," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," The nature of the Never report



Statement of	Coun	oe or City Meloport (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 10.3  St.: Ward)  [If death occurred in
ACTLY, •P	,	<sup>2</sup> FULL NAME ALLIE POLICE	a hospital or institution, give its NAME instead of street and number.]
uld be stated EXA( properly classified rtlficate.	3 S	4 COLOR OR RICE 5 SINGLE MARRIED, WOOMED BROWN OR CED CHILD OF THE BROWN OR CED CHILD OR CED CHI	MEDICAL CERTIFICATE OF DEATH  16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
ce po	7 AG	(Month) (Day) (Year) (Year) (Today) (T	that I last saw her alive on But 1, 1915, and that death occurred on the date stated above, at 37, m.
pplied. AGE s so that it may ons on back of	pai	CCUPATION  1) Trade, profession, or ricular kind of work  1) General nature of iodustry	The CAUSE OF DEATH * was as follows:
se careful'y supplied. I plain terms, so that See Instructions on	bus	iness, or establishment in ich employed (or employer)	Contributory (Quration) yrs. 8 mos. ds.  Contributory (Quration) yrs. mos. ds.
should be EATH In p ortant. So	RENTS	10 NAME OF FATHER OF STATE OF STATE OF STATE OF COUNTRY)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	(Signed)  , 181 5 (Address)  State the Disease Causing Drath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
informati AUSE OF I is very I	PA	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS RUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of dooth yrs
Every item of should state COCCUPATION		(Informant) J. W. Sellell (Address) F. Blata, Male	Former or usual residence  19 DOCE OF BURIAL OR REMOVAL DATE OF BURIAL
N. B. – Eve	16 Fill	ed 9-7-, 1915-L.S. Harbert REGISTRAR  If more blanks are needed, address State Registrar,	20 UNDERTAKER  ABDRES  16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Cool mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemon, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question business, that fact may be indicated thus: Farmer (retired "Foreman," "Manager," "Dealer," etc., without more is provided for the latter statement; it should be used business or industry, and therefore an additional line know (o) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to For many occupations a single word or term on the Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-For persons who have no occupation whatever, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, meningualified, is indefinite); Tuberculosis of lungs, meningualified.

ges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of and consequences (c. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or misearriage as "Puenperal septichaemio," ete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracinia," "Weakness," lapse," "Coma," "Convulsions," "Debility" ("Con-"Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia," chopneumonia (seeondary), 10 ds. Example: Meosles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvulor heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," Always qualify all diseases resulting from childby railway train-accident; Revolver State cause for which Never report mere "Atrophy," wound



N.B.

of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state. DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. A PERMANENT RECORD UNFADING INK-THIS IS WRITE PLAINLY, WITH -Every item of information should be CAUSE OF DEATH in plain terms, s important. See instructions on back o PLACE OF DEATH

15506

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

-Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RAGE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
TAGE GLOWN  (Month) (Day (Year)  (Year)  TAGE GLOWN  (A) Trade, profession, or particular kind of wark	that I last saw have alive on Suffer and that death occurred on the date stated above, at HP, m.  The CAUSE OF DEATH* was as follows:
(b) Beneral nature of Industry, business, or establishment in which employed (or employer)  PBIRTHPLACE (State or country)  10 NAME OF FATHER  OF FATHER  (State or country)  L  OF FATHER  (State or country)  L  OF FATHER  (State or country)  D  12 MAIDEN NAME  OF MOTHER  OF MOTHER  OF MOTHER	(Duration) yrs mos of s.  Contributory Secondary (Duration) yrs mos of s.  (Signed) , M. D.  State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental accidental control of the state of the secondary of the seconda
OF MOTHER Oug Crictor  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  Jerufling Messon	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENCE (State yrs, mos, ds)  Where was disease contracted, it not at place of death?  Former or usual residence.
(Address) By alson  15 Filed Sefet / 7, 1915 Char Of Roley PRISTRAR  If more blanks are needed, address State Regis	19 PLACE OF BURIAL OR REMOVAL  ADDRESS  Burial  Burial  ADDRESS  Burial  Burial  ADDRESS  Burial  Burial  ADDRESS  Burial  Burial

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated this: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never retnrn "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid denemonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

cer" is less definite; avoid use of "Tnmor" for maligsepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (c. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "I'UERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal scotichac-"Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchonneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canthre of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convnlsions," "Debility" ("Con-"Contributory." which surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhanstion,"



S.

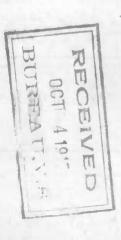
If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dcaler," etc., of the second statement. Never return "Laborer," mobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Collon mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbusiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever Locomotive engineer, If retired from without more

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, cause. Always qualify all diseases resulting from childmus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcona, etc., of ........ (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, lelanus) may be stated Struck by railway SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. birth or miscarriage as "PUERPERAL septichuemia," etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," Example: Measles (disease causing death), 29 ds.; Bronnephrilis, etc. "Tumor" for malignant neoplasms); Measles; Whooping to determine definitely. Examples: Accidental drowning; The contributory (secondary or intercurtrain-accident; Revolver wound State cause for which Never report mere "Exhaustion,"



tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very stated EXACTLY. of information should be carefully supplied. AGE should be sided.

DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate. AGE CAUSE OF Important.

PERMANENT RECORD

4

UNFADING INK-THIS IS

WRITE PLAINLY, WITH

N. B.

1 PLACE OF DEATH

15508



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;--Ward) [If death occurred in a hospital or institution, give its NAME instead

2 FULL NAME Joseph Lega	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
married, windowso, windowso, windowso, with the word)	16 DATE OF DEATH  Light 15 , 1916  (Month) (Day (Year)  17   HEREBY CERTIFY. That   attended deceased from
July 23 , 12	17 I HEREBY CERTIFY, That I attended deceased from 1915, to 50, 1915.  that I last saw h. alive on 5, 1915.
II LE	and that death occurred on the date stated above, at 3-Pm The GAUSE OF DEATH * was as follows:
OCCUPATION a) Trade, profession, or articular kind of work	anant pros
i) General nature of Industry, usiness, or establishment in hich employed (or employer)	(Duration) yrs mos d
10 NAME OF FATHER Ernest Sands  11 BIRTHPLACE OF FATHER (State or country) Charles les, 11  12 MAIDEN NAME	Contributory Secondary  (Boration)  yrs  mos  d  (Signed)  (Signed)  State the DISEASE CAUSING DEATH, of, in deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidentally TAL, SUICIDAL, or HOMICIDAL.
OF MOTHER Stary Barks  13 BIRTHPLACE OF MOTHER (State or country) Charles Co. S  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS)  At place In the of death
(Informant) Ernert Dander	If not at place of death?————————————————————————————————————
(Address) La Chala Duc	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL SUPER 181
iled Sep 16, 1915 Halling 10 Proces Programme	20 UNDERTAKER ADDRESS

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; who have no occupation whatever, write Nonc. been changed or given up on account of the disease minc, etc. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many oecupatious a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the The (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) aTyphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

such, if impossible to determine definitely. Examples: mia," "Puerreral peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can scpsis, tctanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and eonsequences (c. g., LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Convalvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. Never report iffection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Mcastcs (disease eausing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent)



### PERMANENT EXACTLY. 4 AGE should be a properly classified. UNFADING INK-THIS IS carefully supplied. PLAINLY, WITH of information should WRITE

CAUSE OF Important.

0 ż

state Very YSICIANS should certificate. 80 ŏ DEATH in plain terms, See instructions on back

TAGE

PARENTS

15

DATE OF BIRTH

BOCCUPATION (a) Trade, protession, or

particular kind of work.

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

OF FATHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST

(b) General nature of Industry, business, or establishment in

about 25 m

PHYSICIANS

ŏ

RECORD

PLACE OF DEATH

PERSONAL AND STATISTICAL PARTIE

(Month)

4 COLOR OR RACE

which employed (or employer)

9 BIRTHPLACE (State or country) Chas. Co

15509

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

....Ward)

fit death occurred in a hospital or institution, give its NAME instead ot street and nomber.]

5 SINGLE. MARRIED.

WIDOWED, ORDIVORC

CULARS	MEDICAL CERTIFICATE OF DEATH
e word)	16 DATE OF DEATH  So feet.  (Month) (Day (Year)  17   I HEREBY CERTIFY. That I attended deceased from
y (Year)	that I last saw h = alive on 24, 1915,
1 day,hrs. ds. ORmin.?	The CAUSE OF DEATH* was as follows:
rk	Et Janolin
*****	(Duration) yrs mgs / O ds.
md.	Contributory Secondary  (Boration)yrsmosds.
٥	(Signed) Dry J & Owen, M. D.
, md.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN.
jates. md	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs, mos ds.
NÓWLEDGE	Where was disease contracted, If not at place of death?
I Ash	19 PLACE OF BURIAL OR REMOVAL  Mc Conclue  20 UNDERTAKER  ADDRESS
AL REGISTRAR	Lorray & Cenn La Glata
address State Regist	rar, 6 E. Franklin St. Bulto Doquesting V. S. No. 1

If more blanks are needed,

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in Industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the disease it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salcsman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," The (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Caroin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaegenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Candent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accietc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanitiou," "Maras-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. which surgical operation was undertaken. For vio-"Collapse," "Coma," "Couvulsions," "Debility" ("Con-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Mcasles (Recommendations on statement of (disease causing death), 29 ds.;



of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT N. B.—Every ltem of information should be CAUSE OF DEATH in plain terms, s Important.

1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

If death occurred is a hospital or institution,

FULL NAME Marie	Secret and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Color or RAGE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)  170  I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH UN / Kussen, 1	that I last aaw h Sa alive on 1913
(Month) (Day (Year)	and that death occurred on the date atated above, at 3 P, m, The CAUSE OF DEATH* was as follows:
X (a) Trade, profession, or particular kind of work	Churic Veplindia
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) / yrs & mos. ds.
(State or country) has Known from farylum	Contributory Secondary (Doration) yrs mos 2 4ds.
10 NAME OF FATHER Non I decome	(Signed) , M. O.
11 BIRTHPLACE OF FATHER (State or country)  12 Maiden Name OF MOTHER	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
a hot the	TAL, STICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country)	At place In the of death yrs, mos, ds. State yrs, mos, ds
(Interment) The BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?————————————————————————————————————
Filed Syll 25, 191 5 Chr. Ok Roby FREGSTRAR	Shar Whoby HBO Bel allow

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers statement. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupathus: Farmer (retired 6 yrs.) For persons If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclaschsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (c. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asiffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



V. S. No. 1.

N. B.

Every litem of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is yery Important. See instructions on back of certificate. RECORD PERMANENT PLAINLY, WITH UNFADING INK-THIS WRITE

15511 1 PLACE OF DEATH

County Charles



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

		au la Plata	
illage	or	City La Plata (No	

.....Ward)

[if death occurred is a hospital or institution, give its NAME instead of street and number.]

	²FU!	L NAME Mary Jo	me S	Lookath	
	PERSO	NAL AND STATISTICAL PARTIC	JLARS	MEDICAL CERTIFICATI	OF DEATH
35	emale	4 COLOR OR RACE SINGLE, MARRIED, WIOOWEO, ORDIVERCE (Write the	widow	16 DATE OF DEATH Sept.	Joth, 1915 (Day (Year)
6 D	ATE OF BIRTI	rupern	v.,1	17 I HEREBY CERTIFY, Tr	
(Month)         (Day         (Year)           7 AGE         If LESS than           1 day,hrs.         1 day,hrs.           8 PCCUPATION         ORmin.?			If LESS than	and that death occurred on the date st. The CAUSE OF DEATH* was as follow	ated above, at 2.30 g.m.
(b) bus whi	Trade, profession rticular kind of we General nature of iness, or establich employed (or RTHPLACE (State or cou	ork	-	Contributory Secondary	
ARENTS		not know  ACE JER  T COUNTRY) "	n	(Signed) D. J. J. S. (Address) La  *State the Disease Causing Death CAUSES, state (1) MEANS OF INJURY	Plata, md
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		18 LENGTH OF RESIDENCE (FOR HOSPIT OR RECENT RESIDENCE) At place lot of death	ALS, INSTITUTIONS, TRANSIENTS,		
		agreeder Walle		If not at place of death?————————————————————————————————————	
15 Fil	(Address)	12,1915 Halleryn	REGISTRAR	19 PLACE OF BURIAL OR REMOVAL Brices Cemetery 20 UNDERTAKER Lomax & Penn	ADDRESS La Plata
	()	. If more blanks are needed, ad	dress State Regis	trar, 6 E. Franklin St., Balto., Requesting	V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal cated thus: Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a defluite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necbeen ebanged or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative bealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Tuerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemla," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medleal Association.) "Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrbage," "Inanition," "Marasgenital," "Senlle," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, which surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debllity" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. Is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; (Recommendations ou statement of State cause for For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



7	
=	
o Z	
-	
_	
m	
W	
~	
LL.	
T 0 T	
Ω	
1.1	
Ш	
>	
1	
.1	
11	
RESERVED	
.1	
_	
I,	
7	
_	
785	
MARGIN	
r	
7	
Q	
5	
line .	

CCUPATION IS very PHYSICIANS 0 statement PERMANENT classified. pe should -THIS properly AGE supplied. pe UNFADING that it may certificate. 80 0 terms, n back plnous 00 PLAINLY piain Instructions 2 DEATH WRITE PO CAUSE OF Every

### STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in .....Ward) a hospital or lostitution. give its NAME lostead of street and number. 7 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. ORDIVERCES (Write the word) WIDOWED, (Month) (Day) I HEREBY CERTIFY. That I attended deceased from 17 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at f day .....hrs. OR ..... 7 Bear Vderens BOCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in (Duratico) which employed (or amployer) ..... 9 BIRTHPLACE (State or country) Contributory (Secondary) (Deration) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ENT OFFATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds. State Where was disease contracted, BEST OF MY KNOWLEDGE If not at place of death? Former or (Informant) usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

REGISTRAR

20 UNDERTAKER

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekccpers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative meaithfulbeen changed or given up on account of the DISEASE minc, etc. the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: mia," "PUERPREAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrerran septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," ture of the American Medical Association. cause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

certificate.

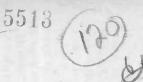
See Instructions on back of

Important,

N. B.—Every Item of Information should be CAUSE OF DEATH in plain terms, s

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very

	1 PLACE	OF	DEAT	H	
	1	D			
	loh	11 %	. 11	-	
Count	1	w	$\sim$	2	



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;----Ward)

[It death occurred in a hospital or institution, give its NAME instead

	FULL NAME May 6. Doy e	of Street and nomoer.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
<sup>3</sup> s	Tomale Color of RACE MARRIED,  WYDOWED,  ORDIVORCED (Write the word)	16 DATE OF DEATH Cleft 7 7, 1915 (Year)
	ATE OF BIRTH  MA  25  (Mouth) (Day (Year)	that I last saw h salve on Dept 72, 1915.
TA	GE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
pa (b) bus whi	CCUPATION ) Trade, profession, or ficular kind of work.  General nature of industry, siness, or establishment in ich employed (or amployer)	Dephretes mone  (Ouration) yrs mas ds.  Contributory Cadenia of Lungs
	10 NAME OF Junes Markin	Secondary  (Duration) yrs mos 5 ds.  (Signed) , M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN OF MOTHER OF MOTHER		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
Δ.	13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY NOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.  At place In the of death yrs mos ds.  Where was disease contracted,
	(Informant) Delia Joyer	It not at place of death?————————————————————————————————————
16	ed Styl 1915 J. Pednarhale  Braistran	19 PLACE OF BURIAL OR REMOVAL  Option (19 1) Sept 1 S. 1915.  30 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting N. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Mauager," "Dealer," ctc., without more precise specimaterial worked on may form part of the second the nature of the business or industry, and therefore an who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully caployed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

ture of the American Medical Association.) eause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of Injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, is less definite; avoid use of "Tumor" for malig-The contributory Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



No.

02

PHYSICIANS should of OCCUPATION IS RECORD Exact statement PERMANENT EXACTLY. stated ciassified. pinous THIS properly AGE NX supplied. UNFADING carefully sup that it ma f certificate. 80 0 WITH of information should be DEATH in plain terms, see instructions on back PLAINLY, WRITE See Item Every Item CAUSE OF Important.

10 NAME OF FATHER

ARENTS

Very state

1 PLACE OF DEATH

5514

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ilf death occurred in

²FU	NA	Pelma &	a hospital or institution, give its NAME instead of street and nomber.]	
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX Franke	Color or RAGE	SEINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from	
6 DATE OF BIR	Ofine Month)	1 25 ,191 (Day Sear	, 191 to , 191	
7 AGE	yrs 5	1 LESS t t day,	The CAUSE OF DEATH* was as follows:	
(a) Trade, profession particular kind of the following the	on, or work A A of Industry, blishment in	Lune	to phyn Cear in attendere The Mars. (Duralion) yrs mos 68	

9 BIRTHPLACE (State or country) 11 BIRTHPLACE

OF FATHER (State or country) 12 MAIDEN NAME

OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country

(Address) ....

15 REGISTRAR TOCA

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

(Address)

At place In the of death \_\_\_\_\_ yrs. \_\_\_ State \_\_\_\_\_ yrs, \_\_ Where was disease contracted. If not at place of death? Former or

BURIAL OR REMOVAL

Contributory Secondary

DATE OF BURIAL ADDRESS

Howlens

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

usual residence

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necgainfully employed, as At school or At home. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits ean be known. The question who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation -- Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 3Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERFERAL peritonitis," etc. State childbirth or misearriage as "Puerpeeal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senlle," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Caneause of death approved by Committee on Nomenela-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and eonsequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-Is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (Recommendations on statement of (disease eausing death), 29 ds.; "Exhaustion," cause for 01

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

cnce. All the data is essential and must be obtaine the certificate is permanently filed.



PERMANENT EXACTLY ated Ciass O shoui THIS properly AG supplied. pe UNFADING may that it 20 pe terms, should plain of information 2 DEATH

of

instructions

See

Important. CAUSE C

OF tem

Very

CCCUPATION IS

0

PHYSICIANS

RECORD

STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. I'll death occurred in a hespitei or jestitutiee. give Its NAME Instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED, WIDOWED, (Month) (Dav (Year) ORDIVORCEO (Write the word) I/HEREBY CERTIFY, That I 6 DATE OF BIRTH Month' (Day (Tear) 7 AGE If LESS than and that death occurred on the date stated above f dey .....hrs. BOCCUPATION (a) Trade, profession, er particular kind of werk (b) General nature of industry, business, er esteblishment in which employed (er empleyer) 9 BIRTHPLACE Contributory ... Secondary (State or country) (Duration) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIOEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place le the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mes. \_\_ State Where was disease centracted. 14 THE ABOVE IS TRUE If net at place of deeth?. Fermer or osoel residence. REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1,

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

eases, especially in Industrial employments, it is necwho have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen ehanged or given up on aecount of the disease Housewife, Housework, or At Home, and children, not Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that faet may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) lnjury, as fracture of skull, and eonsequences (e. g., such, If impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," childbirth or misearriage as "Puerreral septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Wcakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Scnile," etc.), may be stated under the head (Recommendations on statement of (disease eausing death), 29 ds.; "Dropsy," "Exhaustion," etc. State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

